

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-799-233**

FILING DATE **03-12-04**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		1				
14		1				
15		2				
16		2				
17	1					
18		1				
19		2				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						